



GENERAL ASSEMBLY

COMMONWEALTH OF KENTUCKY

2014 REGULAR SESSION

SENATE BILL NO. 118

THURSDAY, FEBRUARY 27, 2014

The following bill was reported to the House from the Senate and ordered to be printed.

RECEIVED AND FILED
DATE April 7, 2014
4:17pm
ALISON LUNDERGAN GRIMES
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY R. Allen

1 AN ACT relating to prescription eye drops.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔ SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304
4 IS CREATED TO READ AS FOLLOWS:

5 (1) As used in this section, "practitioner" has the same meaning as in KRS 217.015.

6 (2) Any health benefit plan issued or renewed on or after the effective date of this Act
7 that provides coverage for prescription eye drops shall not deny coverage for a
8 refill of a prescription if:

9 (a) The refill is requested by the insured:

10 1. For a thirty (30) day supply, between twenty-five (25) days and thirty
11 (30) days from the later of:

12 a. The original date the prescription was distributed to the insured;

13 or

14 b. The date the most recent refill was distributed to the insured;

15 and

16 2. For a ninety (90) day supply, between eighty (80) days and ninety (90)
17 days from the later of:

18 a. The original date the prescription was distributed to the insured;

19 or

20 b. The date the most recent refill was distributed to the insured;

21 and

22 (b) The prescribing practitioner indicates on the original prescription that
23 additional quantities are needed and the refill requested by the insured does
24 not exceed the number of additional quantities needed.

25 (3) Any health benefit plan issued or renewed on or after the effective date of this Act
26 that provides coverage for prescription eye drops shall provide coverage for one
27 (1) additional bottle of prescription eye drops, pursuant to KRS 304.17A-165,

1 when:

2 (a) The additional bottle is requested by the insured or the prescribing
 3 practitioner at the time the original prescription is distributed to the
 4 insured; and

5 (b) The prescribing practitioner indicates on the original prescription that such
 6 additional bottle is needed by the insured for use in a day care center or
 7 school.

8 Coverage for an additional bottle shall be limited to one (1) bottle every three (3)
 9 months.

10 (4) The coverages required by this section shall not be subject to a greater deductible
 11 or copayment than other similar health care services provided by the health
 12 benefit plan.

13 ➔SECTION 2. A NEW SECTION OF SUBTITLE 17C OF KRS CHAPTER 304
 14 IS CREATED TO READ AS FOLLOWS:

15 (1) As used in this section, "practitioner" has the same meaning as in KRS 217.015.

16 (2) Any limited health service benefit plan issued or renewed on or after the effective
 17 date of this Act that provides coverage for prescription eye drops shall not deny
 18 coverage for a refill of a prescription if:

19 (a) The refill is requested by the insured:

20 1. For a thirty (30) day supply, between twenty-five (25) days and thirty
 21 (30) days from the later of:

22 a. The original date the prescription was distributed to the insured;

23 or

24 b. The date the most recent refill was distributed to the insured;

25 and

26 2. For a ninety (90) day supply, between eighty (80) days and ninety (90)
 27 days from the later of:

1 a. The original date the prescription was distributed to the insured;

2 or

3 b. The date the most recent refill was distributed to the insured;

4 and

5 (b) The prescribing practitioner indicates on the original prescription that
 6 additional quantities are needed and the refill requested by the insured does
 7 not exceed the number of additional quantities needed.

8 (3) Any limited health service benefit plan issued or renewed on or after the effective
 9 date of this Act that provides coverage for prescription eye drops shall provide
 10 coverage for one (1) additional bottle of prescription eye drops, pursuant to KRS
 11 304.17A-165, when:


12 (a) The additional bottle is requested by the insured or the prescribing
 13 practitioner at the time the original prescription is distributed to the
 14 insured; and

15 (b) The prescribing practitioner indicates on the original prescription that such
 16 additional bottle is needed by the insured for use in a day care center or
 17 school.

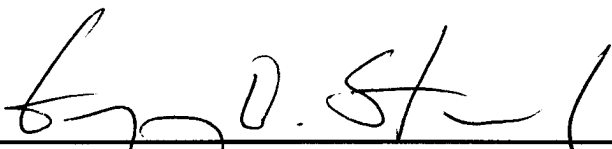
18 Coverage for an additional bottle shall be limited to one (1) bottle every three (3)
 19 months.

20 (4) The coverages required by this section shall not be subject to a greater deductible
 21 or copayment than other similar health care services provided by the limited
 22 health service benefit plan.

23 ➔Section 3. This act takes effect on January 1, 2015.



President of Senate



Speaker House of Representatives

Attest: 

Chief Clerk of Senate

Approved 

Governor

Date 4-7-14